



**FRANKLIN HEALTH DEPARTMENT
355 EAST CENTRAL STREET
FRANKLIN, MA 02038
PHONE: 508-520-4905
FAX: 508-520-4989**

PERMIT # _____

FEE: \$150.00

MANICURE / PEDICURE ESTABLISHMENT APPLICATION

License Renewal Operational Change Change of Ownership New Business

NAME OF BUSINESS _____

STREET ADDRESS _____

ESTABLISHMENT PHONE # _____ **FAX #** _____

NUMBER OF STATIONS _____

NAME OF MANAGER / OWNER _____ **PHONE** _____

STREET ADDRESS _____

TOWN _____ **STATE** _____ **ZIP CODE** _____

PLEASE ENCLOSE COPIES OF STATE LICENSES.

ANY INCOMPLETE INFORMATION WILL DELAY THE LICENSING PROCEDURE AND THE OWNER MAY BE SUBJECT TO FINES FOR OPERATING WITHOUT A VALID LICENSE.

TYPE OF OPERATION WATER SUPPLY (CHECK ONE)

PUBLIC WATER _____

PRIVATE WELL _____

SEWAGE DISPOSAL (CHECK ONE)

PUBLIC SEWER _____

SEPTIC SYSTEM _____

HOURS OF OPERATION:

MONDAY _____ **TUESDAY** _____ **WEDNESDAY** _____ **THURSDAY** _____

FRIDAY _____ **SATURDAY** _____ **SUNDAY** _____

I hereby certify that I have read and fully understand Chapter 238, of the Franklin Town Code, Manicure Establishment requirements, and that I agree to fully comply with said regulations. I further certify that the information provided on this application is complete and true, and I acknowledge that non-compliance with the Town of Franklin Health Department Regulations may result in the suspension and/or revocation of my Manicure Permit.

APPLICANT'S SIGNATURE